

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034499

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 2 1962

1. PLACE OF DEATH

a. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bethany

Length of stay in 1b
19 yr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Noll Mem. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Harrison

c. CITY OR TOWN Bethany

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
913 South St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

OVA

ALVIN

COLLINGS

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 11, 93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months 9 Days 29

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (City and state or country)

Mercer County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Lafe Collings

13b. MOTHER'S MAIDEN NAME

Mary Powell

14. NAME OF HUSBAND OR WIFE

Neva Collings

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Neva Collings

Address

Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Bronchiogenic Carcinoma with metastasis to subclavicular nodes.

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *1946* to *9/28/62* and last saw him alive on *9/28/62*
Death occurred at *1:05* A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Merriam Glashart M.D.

22b. ADDRESS

Bethany, Mo.

22c. DATE SIGNED

9-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 1-1962

23c. NAME OF CEMETERY OR CREMATORY

Miriam Cemetery

23d. LOCATION (City, town, or county)

Bethany, Mo.

(State)

24. FUNERAL DIRECTOR

M. B. Haas

ADDRESS

M. B. Haas, Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

9-29-1962

26. REGISTRAR'S SIGNATURE

Gella Maxey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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OCT 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.